



Pregnant Woman Service Tracking

Name: _____ Enrollment Date: ____/____/____
 Program Year: ____/____ Enrollment Trimester: [] 1 [] 2 [] 3
 Classroom: _____
 Expected Delivery Date: _____

By the 30th Enrollment Day:

Service Obtained	Date of Service	Initials
[] Determination of Ongoing, Accessible Healthcare		
Prenatal Service Provider:		
[] Documentation of Initial Prenatal Healthcare Visit		
[] Health Insurance Determination		
[] FCP-618 Family Goals and Services Plan Worksheet		
[] FCP-619 Pregnant Women Strength Form		

Referrals:

[] WIC- Nutrition Counseling		
[] SNAP- Food Assistance		
[] Oral Healthcare		
[] Mental Health Services		
[] Substance Abuse & Prevention Treatment		
[] Emergency Shelter/Domestic Violence Housing		

During the program year:

Service Obtained	Date of Service	Initials
[] 1 st Staffing		
[] 2 nd Staffing		
[] Activity Service Form (Family Development) FCP 617		
[] Newborn Welcome Visit, if applicable		

Pregnancy Transition Plan

Goals/Actions & Strategies	Date Completed	Initials
Discussed/Completed Edinburgh Postnatal Depression Scale (Pre-Delivery)		
Discussed/Completed Edinburgh Postnatal Depression Scale (Post Delivery)		
Discussed plans for babies enrollment after birth <input type="checkbox"/> center <input type="checkbox"/> home base <input type="checkbox"/> none		
Newborn Welcome Visit scheduled (within 2 weeks of birth)		
Scheduled 6 weeks follow-up appt. after birth		

Scales Assessment (circle): **Beginning:** 1 2 3 4 5 **End:** 1 2 3 4 5

Parent Signature

Date

Staff Signature

Date